

Health Partners Medicare Special 2021 Formulary Changes

Changes occur, for example, because new drugs come on the market, a drug is moved to a different cost-sharing level (tier), or a generic version becomes available.

Requirements/Limits Key:

QL	Quantity Limit
PA	Prior Authorization
ST	Step Therapy
NDS	Non-Extended Day Supply

Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
abiraterone acetate 500 mg tab	TABLET	1 - Covered	NDS	Addition	02/01/2021
asenapine maleate 10 mg sl tab	SL TAB	1 - Covered		Addition	02/01/2021
asenapine maleate 2.5 mg sl tab	SL TAB	1 - Covered		Addition	02/01/2021
asenapine maleate 5 mg sl tab	SL TAB	1 - Covered		Addition	02/01/2021
cataflam 50 mg tab	TABLET	1 - Covered		Addition	02/01/2021
DIACOMIT 250 MG CAP	CAPSULE	1 - Covered	NDS	Addition	02/01/2021
DIACOMIT 250 MG PACKET	PACKET	1 - Covered	NDS	Addition	02/01/2021
DIACOMIT 500 MG CAP	CAPSULE	1 - Covered	NDS	Addition	02/01/2021
DIACOMIT 500 MG PACKET	PACKET	1 - Covered	NDS	Addition	02/01/2021
FARYDAK 15 MG CAP	CAPSULE	1 - Covered	NDS	Addition	02/01/2021
fosfomycin tromethamine 3 gm packet	PACKET	1 - Covered		Addition	02/01/2021
GVOKE PFS 0.5 MG/0.1ML SOLN PRSYR	SOLN PPRSYP	1 - Covered		Addition	02/01/2021

GVOKE PFS 1 MG/0.2ML SOLN PRSYR	SOLN PPRSYP	1 - Covered		Addition	02/01/2021
JUXTAPID 40 MG CAP	CAPSULE	99 - Non-Formulary		Removal	02/01/2021
JUXTAPID 60 MG CAP	CAPSULE	99 - Non-Formulary		Removal	02/01/2021
lorcet 5-325 mg tab	TABLET	99 - Non-Formulary		Removal	02/01/2021
lorcet hd 10-325 mg tab	TABLET	99 - Non-Formulary		Removal	02/01/2021
lyleq 0.35 mg tab	TABLET	1 - Covered		Addition	02/01/2021
PEGASYS PROCLICK 180 MCG/0.5ML SOLUTION	SOLUTION	99 - Non-Formulary		Removal	02/01/2021
rufinamide 40 mg/ml suspension	SUSPENSION	1 - Covered	NDS	Addition	02/01/2021
RYBELSUS 14 MG TAB	TABLET	1 - Covered	QL: 30/30days	Addition	02/01/2021
RYBELSUS 3 MG TAB	TABLET	1 - Covered	QL: 30/30days	Addition	02/01/2021
RYBELSUS 7 MG TAB	TABLET	1 - Covered	QL: 30/30days	Addition	02/01/2021
tri-nymyo 0.18/0.215/0.25 mg-35 mcg tab	TABLET	1 - Covered		Addition	02/01/2021
VUMERITY (STARTER) 231 MG CAP DR	CAP DR	1 - Covered	NDS	Addition	02/01/2021
VUMERITY 231 MG CAP DR	CAP DR	1 - Covered	NDS	Addition	02/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
accutane 10 mg cap	CAPSULE	1 - Covered		Addition	03/01/2021
accutane 20 mg cap	CAPSULE	1 - Covered		Addition	03/01/2021
accutane 30 mg cap	CAPSULE	1 - Covered		Addition	03/01/2021
accutane 40 mg cap	CAPSULE	1 - Covered		Addition	03/01/2021
HUMIRA 80 MG/0.8 ML PEN KIT	PEN KIT	1 - Covered	PA, NDS	Addition	03/01/2021
iclevia 0.15-0.03 mg tab	TABLET	1 - Covered		Addition	03/01/2021

NYVEPRIA 6 MG/0.6 ML SOLN PRSYR	SOLN PRSYR	1 - Covered	PA, NDS	Addition	03/01/2021
RETACRIT 10000 UNIT/ML SOLUTION	SOLUTION	1 - Covered	PA	Addition	03/01/2021
RETACRIT 20000 UNIT/ML SOLUTION	SOLUTION	1 - Covered	PA	Addition	03/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
emtricitabine-tenofovir df 100-150 mg tab	TABLET	1 - Covered	QL: 30/30 days, NDS	Addition	04/01/2021
emtricitabine-tenofovir df 133-200 mg tab	TABLET	1 - Covered	QL: 30/30 days, NDS	Addition	04/01/2021
emtricitabine-tenofovir df 167-250 mg tab	TABLET	1 - Covered	QL: 30/30 days, NDS	Addition	04/01/2021
HEMADY 20 MG TAB	TABLET	1 - Covered	PA	Addition	04/01/2021
HUMIRA PEN-PEDIATRIC UC START 80 MG/0.8 ML	PEN KIT	1 - Covered	PA, NDS	Addition	04/01/2021
ICLUSIG 10 MG TAB	TABLET	1 - Covered	NDS	Addition	04/01/2021
ICLUSIG 30 MG TAB	TABLET	1 - Covered	NDS	Addition	04/01/2021
mycophenolate mofetil 500mg recon soln	RECON SOLN	1 - Covered	PA	Addition	04/01/2021
nitazoxanide 500 mg tab	TABLET	1 - Covered		Addition	04/01/2021
ORGOVYX 120 MG TAB	TABLET	1 - Covered	PA, NDS	Addition	04/01/2021
OZEMPIC (1 MG/DOSE) 4 MG/3ML SOLN PEN	SOLN PEN	1 - Covered	QL: 3/28 days	Addition	04/01/2021
PLEGRIDY 125 MCG/0.5ML SOLN PRSYR	SOLN PRSYR	1 - Covered	NDS	Addition	04/01/2021
vestura 3-0.02 mg tab	TABLET	1 - Covered		Addition	04/01/2021
zafemy 150-35 mcg/24hr patch wk	PATCH WK	1 - Covered		Addition	04/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
loteprednol etabonate 0.5% gel	GEL	1 - Covered		Addition	05/01/2021
TEPMETKO 225 MG TAB	TABLET	1 - Covered	PA, NDS	Addition	05/01/2021

XELJANZ 1 MG/ML SOLUTION	SOLUTION	1 - Covered	PA, NDS	Addition	05/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
CYCLOPHOSPHAMIDE 25 MG TAB	TABLET	1 - Covered	PA	Addition	06/01/2021
CYCLOPHOSPHAMIDE 50 MG TAB	TABLET	1 - Covered	PA	Addition	06/01/2021
droxidopa 100 mg cap	CAPSULE	1 - Covered	NDS	Addition	06/01/2021
droxidopa 200 mg cap	CAPSULE	1 - Covered	NDS	Addition	06/01/2021
droxidopa 300 mg cap	CAPSULE	1 - Covered	NDS	Addition	06/01/2021
HETLIOZ LQ 4 MG/ML SUSPENSION	SUSPENSION	1 - Covered	PA, NDS	Addition	06/01/2021
pregabalin er 165 mg tab er 24h	TAB ER 24H	1 - Covered	PA, QL: 90/30 days	Addition	06/01/2021
pregabalin er 330 mg tab er 24h	TAB ER 24H	1 - Covered	PA, QL: 60/30 days	Addition	06/01/2021
pregabalin er 82.5 mg tab er 24h	TAB ER 24H	1 - Covered	PA, QL: 90/30 days	Addition	06/01/2021
UKONIQ 200 MG TAB	TABLET	1 - Covered	PA, NDS	Addition	06/01/2021
XTANDI 40 MG TAB	TABLET	1 - Covered	NDS	Addition	06/01/2021
XTANDI 80 MG TAB	TABLET	1 - Covered	NDS	Addition	06/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
fluoxetine hcl (pmdd) 10 mg tab	TABLET	1 - Covered	QL: 90/30 days	Addition	07/01/2021
fluoxetine hcl (pmdd) 20 mg tab	TABLET	1 - Covered	QL: 120/30 days	Addition	07/01/2021
FOTIVDA 0.89 MG CAP	CAPSULE	1 - Covered	PA, NDS	Addition	07/01/2021
FOTIVDA 1.34 MG CAP	CAPSULE	1 - Covered	PA, NDS	Addition	07/01/2021
unithroid 137 mcg tab	TABLET	1 - Covered		Addition	07/01/2021
XPOVIO (100 MG ONCE WEEKLY) 50 MG TAB THPK	TAB THPK	1 - Covered	PA, NDS	Addition	07/01/2021

XPOVIO (40 MG ONCE WEEKLY) 40 MG TAB THPK	TAB THPK	1 - Covered	PA, NDS	Addition	07/01/2021
XPOVIO (40 MG TWICE WEEKLY) 40 MG TAB THPK	TAB THPK	1 - Covered	PA, NDS	Addition	07/01/2021
XPOVIO (60 MG ONCE WEEKLY) 60 MG TAB THPK	TAB THPK	1 - Covered	PA, NDS	Addition	07/01/2021
XPOVIO (80 MG ONCE WEEKLY) 40 MG TAB THPK	TAB THPK	1 - Covered	PA, NDS	Addition	07/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
CABENUVA 400 & 600 MG/2ML SUSP	SUSPENSION	1 - Covered	NDS	Addition	08/01/2021
CABENUVA 600 & 900 MG/3ML SUSP	SUSPENSION	1 - Covered	NDS	Addition	08/01/2021
formoterol fumarate 20 mcg/2ml nebu soln	NEBULIZER SOLUTION	1 - Covered	PA, NDS	Addition	08/01/2021
INGREZZA 60 MG CAP	CAPSULE	1 - Covered	PA, QL 30/30days, NDS	Addition	08/01/2021
potassium chloride crys er 15 meqtab er	TAB ER	1 - Covered		Addition	08/01/2021
SKYRIZI 150 MG/ML SOLN A-INJ	SOLN A-INJ	1 - Covered	PA, NDS	Addition	08/01/2021
SKYRIZI 150 MG/ML SOLN PRSYR	SOLN PRSYR	1 - Covered	PA, NDS	Addition	08/01/2021
XCOPRI (250 MG DAILY DOSE) 100 & 150 MG TAB THPK	TAB THPK	1 - Covered	NDS	Addition	08/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
AYVAKIT 25 MG TAB	TAB	1 - Covered	NDS	Addition	09/01/2021
AYVAKIT 50 MG TAB	TAB	1 - Covered	NDS	Addition	09/01/2021
DUPIXENT 200 MG/1.14ML SOLN PEN	SOLN PEN	1 - Covered	NDS, PA	Addition	09/01/2021
etravirine 100mg tab	TAB	1 - Covered	QL 60/30 days	Addition	09/01/2021
etravirine 200mg tab	TAB	1 - Covered	QL 60/30 days	Addition	09/01/2021
lopinavir-ritonavir 100-25mg tab	TAB	1 - Covered		Addition	09/01/2021

lopinavir-ritonavir 200-50mg tab	TAB	1 - Covered		Addition	09/01/2021
LUMAKRAS 120MG TAB	TAB	1 - Covered	NDS, PA	Addition	09/01/2021
pancreaze 37000-97300 unit cp dr part	CP DR PART	1 - Covered		Addition	09/01/2021
rufinamide 200 mg tab	TAB	1 - Covered	NDS	Addition	09/01/2021
rufinamide 400 mg tab	TAB	1 - Covered	NDS	Addition	09/01/2021
SAJAZIR 30 MG/3ML SOLUTION	SOLUTION	1 - Covered	NDS	Addition	09/01/2021
TRUSELTIQ (100MG DAILY DOSE) 100 MG CAP THPK	CAP THPK	1 - Covered	NDS, PA	Addition	09/01/2021
TRUSELTIQ (125MG DAILY DOSE) 100 & 25 MG CAP THPK	CAP THPK	1 - Covered	NDS, PA	Addition	09/01/2021
TRUSELTIQ (50MG DAILY DOSE) 25 MG CAP THPK	CAP THPK	1 - Covered	NDS, PA	Addition	09/01/2021
TRUSELTIQ (75MG DAILY DOSE) 25 MG CAP THPK	CAP THPK	1 - Covered	NDS, PA	Addition	09/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
arformoterol 0.0075 mg/ml inhalation solution	INHALATION SOLUTION	1 - Covered	NDS, PA	Addition	10/01/2021
theophylline 450 mg extended release oral tablet	TAB ER 24H	1 - Covered		Addition	10/01/2021
Drug Name	Dosage Form	Drug Tier	Requirements / Limits	Formulary Change Type	Effective Date
chlorpromazine HCl 100 mg/mL conc	CONC	1 - Covered		Addition	11/01/2021
chlorpromazine HCl 30mg/mL conc	CONC	1 - Covered		Addition	11/01/2021
E.E.S. 400 400 mg tab	TAB	1 - Covered		Addition	11/01/2021
REZUROCK 200 MG TAB	TAB	1 - Covered		Addition	11/01/2021
sunitinib malate 12.5 mg cap	CAP	1 - Covered		Addition	11/01/2021
sunitinib malate 25 mg cap	CAP	1 - Covered		Addition	11/01/2021

sunitinib malate 37.5 mg cap	CAP	1 - Covered		Addition	11/01/2021
sunitinib malate 50 mg cap	CAP	1 - Covered		Addition	11/01/2021